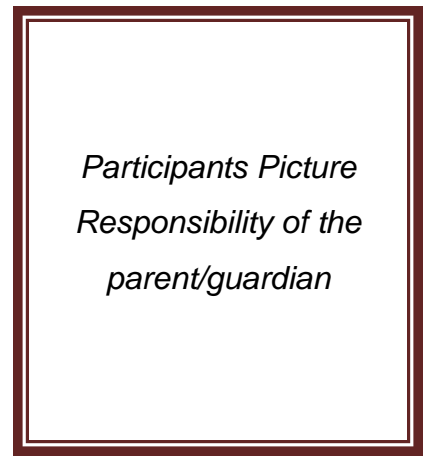




Kawarthas

**Behaviour Care Plan**



Child Name: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

**Behaviour:** \_\_\_\_\_

**Symptoms of Behaviour**

**Plan of Action**

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date yyyy/mm/dd)

**For Office Use Only:**

Form has been read and directed

Inputted into Active Net to appropriate staff

\_\_\_\_\_  
(Signature of Office Staff)